

**STATE BAR COURT
HEARING DEPARTMENT – LOS ANGELES**

REQUEST FOR CONFIDENTIAL EARLY NEUTRAL EVALUATION CONFERENCE

CASE NO. _____

Requesting party: _____

☐ Office of the Chief Trial Counsel ☐ Member ☐ Counsel for Member ☐ Both Parties

Requesting party MUST fill in the following information:

☐ Both parties have mutually agreed to the available dates listed below.

Deputy Trial Counsel: _____

Membership No.: _____

Telephone No.: _____

Fax No.: _____

Member: _____

Membership No.: _____

Telephone No.: _____

Fax No.: _____

Counsel for Member
(if applicable): _____

Membership No.: _____

Telephone No.: _____

Fax No.: _____

Joint availability dates of parties: *[Please provide the Court with a minimum of two dates including available times]*

Date	Time	Date	Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please return this request form to:

State Bar Court
1149 South Hill St., 5th Fl.
Los Angeles, CA 90015-2299
Fax No. (213) 765-1568

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(For State Bar Use Only)

ENEC Judge assigned: _____

Requesting party notified of ENEC date/time on: _____

Date assigned: _____

By: _____

Case Administrator

ENEC date/time: _____